

TEXAS DEPARTMENT OF HEALTH BUREAU OF RADIATION CONTROL REGISTRATION APPLICATION FOR USERS OF RADIATION MACHINES IN HEALING ARTS, VETERINARY MEDICINE AND ACADEMIC FACILITIES



7D775-120

INSTRUCTIONS - Complete ALL ITEMS of the application. Mail original(s) to the Texas Department of Health, Bureau of Radiation Control (BRC), 1100 West 49th Street, Austin, Texas 78756-3189. Upon approval of the application, the applicant will receive a Certificate of Registration. Submit the appropriate fee with an application for NEW REGISTRATIONS ONLY. If there are any questions, contact the BRC at (512) 834-6688.

PRIVACY NOTIFICATION: If you are applying as an individual, with few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See http://www.tdh.state.tx.us for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

559.004).					
1. a. Legal name of business, facility or individual:*			Physical address where radiation machines will be used: (Submit separate application forms for each additional use location under this registration.)		
b. Business mailing address:					
3. Type of Action: (Check all that apply)			4. County of Use:		
New registration (Attach appropriate fee) Renewal of registration no			5. Telephone No.: 6. Fax No.:		
Name change Address change			7. E-mail Address:		
RSO change Equipment change* (*See Reverse Side for Additional Information)			8. Radiation Safety Officer (RSO)* (Submit qualifications)		
Additional use location		8. Radiation Safety Officer (RSO)* (Submit quantications)			
9.a. Machine data for this location. Complete in	ventory must be submitted f	or new, ren	newal and address changes.		
Manufacturer	Use Code*		Control	Panel	
	(see table on back)		Model No.	Serial No.	
1.70 . 1 . 1 . 0 . 1;					
b. Total number of radiation machines (control			(including any in storage that are operable	;)	
c. Number of radiation machines (control pane					
d. If mobile services are used, indicate name an	nd registration number of the		• •		
Provider			Provider's Registration No.		
 As a licensed practitioner, I do hereby affirm human beings or animals. 	that I am associated with the	is applicant	and provide supervision to non-practition	ners administering radiation to	
Signature of Licensed Practitioner*	Date		Typed or Printed Name	Licensing Board No.	
11. I do hereby accept the responsibilities of radio	ation safety officer.				
Signature of radiation Safety Officer*	Date		Typed or Printed Name	Licensing Board No.	
12. I certify that the administration of radiation to practitioner. Furthermore, I attest that the in					
Signature of Applicant Date			Typed or Printed Name		
Signature of Owner or Partner* Date			Typed or Printed Name	Driver's License No.	

INSTRUCTIONS

The following denotes a detailed explanation for the specific items indicated by an asterisk (*) from the front page.

Item 1a: Legal name of business, facility or individual.

A Business Information Form (BRC Form 226-1) must be submitted for all new applications and for any name or ownership change.

Item 3: If Equipment Change is Deletion of X-Ray Equipment.

On a separate page, submit information as to the disposition of the deleted unit(s). Include name, address, and phone number to whom the equipment has been transferred/disposed and the date of the transfer or disposal.

Item 8: Radiation Safety Officer (RSO)

The individual named as RSO must meet the requirements specified in 25 Texas Administrative Code TAC §289.226(w)(1). A resume for the individual designated as the RSO, delineating experience and qualifications to serve in that capacity, must be submitted with the application. For licensed practitioners, only signature and license number are required.

The RSO's responsibilities are outlined in §289.226(w)(2).

For multiple use locations, one individual shall be designated as RSO for all sites.

Item 9a: Machine Data: Use Codes

Indicate, on the front the number(s) and letter(s) that apply:

		MACHINE	E USE CODES
(001)	ACCELERATOR a). Medical b). Research and Education You must receive a Certificate of Registration before beginning operation of an accelerator.	(106)	MAMMOGRAPHIC X-RAY NON HUMAN USE X-ray units for tissue specimen analysis not for human use
(085) (108)	BONE DENSITOMETER a). Healing Arts Screening {See 25 TAC §289.226(j)}* C-ARM X-RAY	(010)	MEDICAL RADIOGRAPHIC ONLY a). Stationary Unit b). Portable Medical Radiographic Only c). Mobile Operation {See 25 TAC§226. (i)}* d). Healing Arts Screening-Medical Research & IRB {See 25 TAC §289.226(j)}
(069)	CT SCANNERS a). Mobile Operation {See 25 TAC §289.226(i)}* b). Stationary Unit	(007) (068)	MEDICAL FLUOROSCOPY ONLY MEDICAL RADIOGRAPHIC AND FLUOROSCOPIC COMBINED
(103)	CATHODOLUMINESCENCE	(047)	MEDICAL THERAPEUTIC
(026)	CABINET X-RAY RADIOGRAPHY a). Certified b). Uncertified	(011) (109)	PODIATRIC RADIOGRAPHIC SIMULATOR X-RAY
(008)	CHIROPRACTIC a). Chiropractic Radiographic b). Radiographic and Fluoroscopic Combined c). CT Scanner DENTAL a). Dental Radiographic b). Dental Fluoroscopic c). Mobile Operation {See 25 TAC §289.232(h)(2)}	(012)	VETERINARY a). Veterinary Radiographic b). Radiographic and Fluoroscopic Combined c). Dental Radiographic d). Accelerator e). CT Scanner f). Therapeutic (Less than 1 MeV) g). Mobile Operation {See 25 TAC §289.226(i)}*
(016)	ELECTRON MICROSCOPE	(014)	X-RAY DIFFRACTION
(104)	FLASH X-RAY	(018)	X-RAY FLUORESCENCE
(054)	FLUOROSCOPY - HAND HELD LIGHT INTENSIFYING	DEVICE	
(095)	LITHOTRIPSY a). Medical Fluoroscopic Only b). Mobile Operation {See 25 TAC §289.226(i)}*	(044) (097)	X-RAY SPECTROSCOPY OTHER REGISTRABLE SOURCES (Specify)

Item 9b: Storage of X-Ray Equipment

Any units indicated as being in storage will remain on your inventory and a fee assessed accordingly. If the unit is discarded or disassembled to prevent the unit from being energized, please notify the BRC in writing. At that time, the unit will be removed from your inventory.

Item 10: Signature of Licensed Practitioner

The signature of the Administrator, President or Chief Executive Officer of the facility will be accepted if the facility is a licensed hospital or a medical facility with more than ten radiation machines.

Item 11: Signature of the Radiation Safety Officer

The signature of the person listed in Item 8, as RSO, is required for the processing of all registration actions.

Item 12: Signature of Applicant

This should be the signature of a person duly authorized by the applicant or registrant to act for and on the behalf of the applicant or registrant.

Signature of Owner or Partner